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**APPLICANTS**

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\*\* CONTINUING DATA \*\*\*\*\* *SR*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *SR*  
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
01/21/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Michael Kangra</i> Examiner's Signature	<i>SR</i> Initials			

**ADDRESS**

36716

**TITLE**

System and method for providing an insurance product

<b>FILING FEE RECEIVED</b> 972	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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